



## Commentary on 'Autism, mental health and offending behaviour: a mother's quest for healthcare'

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The experience of this mother will shock many people but for many clinicians, stories like this are all too common. In reality the system can appear to be working against, rather than working with the person. Although this commentary will highlight the issues for services for people with autism, we first need to mention the needs of families and carers who are often neglected and not even considered during difficult and crisis situations. Although families are reliable informants, they are often not involved in care because of misguided understanding of confidentiality. Often when coming to hospital an accurate description of events is sometimes difficult to recall for the person. Families are invaluable to piece together events; however instead they are often isolated and feel blamed for the situation they find themselves in. The lack of support from agencies to meet the family's needs (let alone the person with ASC) further reinforces this has something that should be dealt with, albeit varying degrees of sympathy for their plight.

Services and support for people with autism spectrum conditions vary widely across the country and between regions. Therefore the response to any situation requiring support or guidance let alone a crisis will differ. The inequalities of accessing healthcare are complex with dire consequences for people unable to access support at an early stage. In spite of the framework for joint working across health and criminal justice agencies outlined in the 2010 Strategy for Adults with autism: Fulfilling and Rewarding Lives (Department of Health, 2010), there is still little evidence of coherent service structures and care pathways that offers reasonable adjustment for people with ASC (McCarthy et al 2015). Many local strategies to provide services are limited to specific points on the spectrum based on intellectual ability. For those with more complex needs that cannot be met by general mental health services will often find themselves only getting help during a crisis.

A lack of awareness of clinicians working outside of autism services means that often they will have a fixed idea of how autism presents but be unaware of the subtleties such as communication, social interaction, restricted or repetitive behaviours, emotional reciprocity, pre-occupations, sensitivities, special abilities or co-morbidities. This lack of awareness can lead to reactive strategies not based upon best practice. The consequences of which can reverberate throughout the person's life and throughout their future. Although there is no evidence that people with ASC are more prone to violence or offending many are put in positions where the risk of such behaviours is increased due to lack of support from and the difficulties accessing services. The Bradley report (Department of Health 2009) has set out a vision of what collaboration between health and criminal justice agencies should look like. Since the publication of this report we have seen the opening of specialist secure units for adults with autism and a number of independent initiatives to help offenders e., Autism West Midlands, however these are the exception rather than the rule and each region will have its own solution and a separate vision of what services should look like.

The majority of those requiring secure care are likely to be on the higher functioning end of the autism spectrum (Chaplin et al 2013). However for those who are less able; a lack of high support local placements means that they are as equally disadvantaged in terms of access to appropriate local services. The alternative for many is placement out of area.. Hopefully with the recent publication of the Building the Right Support, national guidance to develop community services locally for people with intellectual disability and/or autism we may see a widening of the debate across stakeholders as we develop services that are either specific or friendly for people with autism.

Although we live in the real world with high risk people, often not enough is done to support the person to mitigate their risk behaviours. So alongside specialist secure services more needs to be done to develop highly skilled specialist services for this group of offenders with autism across both the health and criminal justice pathways. A good service should be not just multiagency but one where agencies work together for the person *and* their family who will still be offering support long after any crisis.

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